PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/522819

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
FO	R	NUMBE	R FILED NUMBER EXT		EXTRA	RATE	FEE		RATE	FEE	
BA	SIC FEE						345.00	OR	7.7	690.00	
TO	TAL CLAIMS	15	15 minus 20= *					OR	X\$18=		
IND	EPENDENT CLA	IMS /	minus 3	= *		.X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=		
* If	the difference i	n column 1 is le	ess than zero	TOTAL		L	TOTAL	69000			
	CL	SMALL E	NTITY	OR	OTHER SMALL	THAN					
ENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AMEI	Independent	*	Minus	***	=	X39=		OR	X78=		
	FIRST PRESEN	NTATION OF ML	ILTIPLE DEPE	NDENT CLAIM		+130=		OR	+260=		
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Column 2)	(Column 3)	ADDIT: I EE I					
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=		
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=		
						TOTAL ADDIT. FEE		1	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)	ADDIT: TEE		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	121 121 131	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39=		OR	X78=		
Ľ	FIRST PRESE	+130=		1	+260=	1					
	If the entry in colur	nn 1 is less than t	TOTAL		OR	TOTAL					
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/522 8/9

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x_	Fcc	Fee	•	Total
	Sm.∕∟g.				Sm. Entity	Lg. Entiry		
Basic Filing Fee	201/101					690.00	•	690.00
Total Claims >20	203/103	-20	•	. x				
Independent Claims >3	202/102			x			•	
Mult. Dep Claim Present	204/104	•					•	
Surcharge	205/105	•				130.00	•	130.00
English Translation	139							
TOTAL FEE CALCULA	ATION							2000
Fees due upon filing t	he application:							
Total Filing Fees Due	= 5	820.0	3					
Less Filing Fees Subn	nined - \$			_				
BALANCE DUE	= \$	820.00						
Office of Initial Patent	Examination							
		1.:	igure 7					
		1 1	5016 /					